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## STATEMENT OF

FORM 1	ORGANIZATION							Office Use Only							
NAME OF COMMITTEE (in	n full)	<b>^</b> '	Check if name changed)		ample:If tyer the line	/ping, type s.	•	12F	E4M	5					
District No. 1-F	PCD, Ma	rine Eng	jineers' Be	neficial	Assoc	iation -	Retir	ees'	Gro	up F	und (	ME	3A-F	₹GF	=)
ADDRESS (number and street)		444 North	Capitol Street	NW											
(Check if address is changed)		Suite 800		<u> </u>			1 1				1	1			
		Washingt	ton					DC		2000	1-1570				
			CITY							STATE				ZIP CODE	
COMMITTEE'S E-MA	IL ADDRES														
(Check if address is changed)		MEBARO	GFPAC@election	oncompliai	nce.com										Ш
COMMITTEE'S WEB	PAGE ADD														
(Check if	address	www.d1m	eba.org												
is changed)															
2. DATE 11	M / D 21	) / Y	2011												
3. FEC IDENTIFIC	CATION NU	MBER	С	C000038	363										
4. IS THIS STATEM	MENT	NEW (	(N) OR	>	< AM	ENDED (A	A)								
l certify that I have ε	examined the	s Statemer	nt and to the b	est of my	knowledg	e and bel	lief it is	true,	correc	t and	comple	te.			
Type or Print Name	of Treasurer	Bill Van L	_00												
Signature of Treasure	Bill Van er	Loo			[Electro	nically File	<b>d]</b> □	ate	M - 11	M /	21	] ′ [	Y Y 20	011	Y
NOTE: Submission of			mplete informati			_	_				enalties	of 2	U.S.C	§43	7g.
Office Use Only					Federal E Toll Free	er informati lection Com 800-424-953	mission	tact:		F	FEC (Revise				